

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # *P00000053530*

1. Entity Name
M.P. MEDICAL EQUIPMENT CORP

FILED
02 OCT 25 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3383 NW 7 ST</i>		3. Mailing Address <i>707 E 9 ST</i>	
Suite, Apt. #, etc. <i># 303</i>		Suite, Apt. #, etc.	
City & State <i>MIAMI FL</i>		City & State <i>HALEAH FL</i>	
Zip <i>33125</i>	Country <i>USA</i>	Zip <i>33010</i>	Country <i>USA</i>

05/24/02 91333 011 1500
DO NOT WRITE IN THIS SPACE
4. FEI Number
651014355
Applied For
Not Applicable

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name
LETICIA E PERDOMO
Street Address (P.O. Box Number is Not Acceptable)
3340 NW 16 ST
City
MIAMI FL Zip Code
33125

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Leticia E Perdomo* (NOTE: Registered Agent signature required when reinstating) DATE *10/21/02*
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD PERDOMO LETICIA E 3340 NW 16 ST MIAMI FL 33125</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leticia E Perdomo* 10/21/02 305 882 5894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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October 15, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL

Re: P 00000053530

Gentlemen:

Please be advised that I have not received the letters you sent me in June and the Second notice. Please excuse the \$600.00 reinstatement fee as I paid the initial fee of 150.00 and was unaware that the filing had been rejected.

Your cooperation in this matter is sincerely appreciated.

Thank you



Leticia E Perdomo
3383 NW 7 Street
Unit 303
Miami, FL 33125